

Section 6 - ANXIETY	
<div>Statement T</div> <div>Now I'd like to ask you about feelings of nervousness that you might have experienced at some time in your life.</div>	
1. Have you EVER had a panic attack, when ALL OF A SUDDEN you felt frightened, overwhelmed or nervous, almost as if you were in great danger, but really weren't?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2. Were you EVER very surprised by a panic attack that happened totally out-of-the-blue, for no real reason, or in a situation where you didn't expect to be frightened or nervous?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. Did you EVER think you were having a heart attack, but the doctor said it was just nerves or you were having a panic attack?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 6.1 Is at least 1 item marked "Yes" in 1 - 3?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Section 7, page 88
6. Now I'd like you to think about the time when you were having your worst panic attacks that happened OUT-OF-THE-BLUE. By worst panic attacks, I mean the ones that made you the most frightened, nervous, or overwhelmed.  During your worst panic attacks did you . . . (Repeat phrase frequently)	
(1) Have trouble catching your breath, feel short of breath, or feel like you were smothering?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Feel your heart racing, pounding or skipping?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Tremble or shake?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Perspire or sweat?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Feel as if you were choking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Feel dizzy, lightheaded or as if you might faint?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Feel that things around you seemed unreal or feel that you were detached from the things around you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Have tingling or numbness in any part of your body?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Have flushes, hot flashes or chills?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Feel nauseous, have an upset stomach, or feel you might vomit or have diarrhea?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Have pain or pressure in your chest?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section 6 - ANXIETY (Continued)		
6. During your worst panic attacks did you . . .		
(12) Feel you might go crazy or lose control?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13) Feel you might die?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 6.3	Are at least 4 items marked “Yes” in 6 (1) - (13)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 7, page 88</i>
7. During the time you were having your worst panic attacks, did at least 4 of the other experiences you just mentioned begin suddenly and become very intense within 10 minutes or less?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8. After your worst panic attacks did you worry for at least 1 month that you might have another one?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9. After having your worst panic attacks did you worry a lot for at least 1 month about what might happen if you DID have another panic attack?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10. Did you make any changes in your everyday life, usual activities, or future plans after you had your worst panic attacks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
11. Now I’d like to ask you about some other things that may have happened to you after you had your worst panic attacks.  After those worst panic attacks. . .		
(1) Were you uncomfortable or upset by your panic attacks or by any of these other experiences?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Did you have any serious problems getting along with other people - like arguing with them or avoiding them more than usual?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Did you have any serious problems doing things you were supposed to do - like working, doing your school work, or taking care of your home or family?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Did you restrict your usual activities in any way because of your panic attacks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Was there anything you were unable to do because of your panic attacks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
12a. About how old were you the FIRST time you BEGAN to have panic attacks along with some of the other experiences you told me about?  <i>Refer to experiences marked “Yes” in 6(1) - (13) and 11(1) - (5), pages 82 - 83, if necessary.</i>		_____ Age
CHECK ITEM 6.4	Is respondent’s age in 12a within 1 year of his/her present age or is present age or 12a unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12c</i>
12b. Did this FIRST time when you were having panic attacks BEGIN to happen during last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. After your first attacks, did you worry a lot about having another one for at least 1 month ( <i>PAUSE</i> ) or make a change in your everyday life or future plans as the result of having a panic attack?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13. In your ENTIRE LIFE, about how many SEPARATE times were there when you were having panic attacks along with some of those other experiences you mentioned?  By separate times, I mean times separated by at least 2 months when you DIDN’T have any panic attacks.		_____ Number
CHECK ITEM 6.5	Is number in 13, 2 or more or unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 15e, page 84</i>

Section 6 - ANXIETY (Continued)

14a. How old were you the MOST RECENT time you BEGAN to have panic attacks along with some of the other experiences you mentioned?		_____ Age
CHECK ITEM 6.6A	Is respondent’s age in 14a within 1 year of his/her present age or is present age or 14a unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14c</i>
14b. Did this MOST RECENT time BEGIN to happen during the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. After these MOST RECENT attacks, did you worry about having another one for at least 1 month (PAUSE) or make a change in your everyday life or plans as the result of having the attacks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
15a. How long did this MOST RECENT time last when you were experiencing panic attacks, that is from the time the first attack happened to the time the attacks completely stopped for 2 months?		_____ Day(s) OR _____ Week(s) OR _____ Month(s) OR _____ Year(s)
b. Since this MOST RECENT time when your panic attacks BEGAN, have there been at least 2 months when you DIDN’T have ANY panic attacks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 15d</i>
CHECK ITEM 6.6B	Is 14b marked “Yes”?	1 <input type="checkbox"/> Yes - <i>SKIP to 15d</i> 2 <input type="checkbox"/> No
15c. Did this MOST RECENT time you DIDN’T have ANY panic attacks for at least 2 months BEGIN to happen in the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. In your ENTIRE LIFE, what was the LONGEST period you had when you were having panic attacks, that is, from the time the first attack happened to the time the attacks stopped completely for at least 2 months?		_____ Day(s) OR _____ Week(s) OR _____ Month(s) OR _____ Year(s) } <i>SKIP to Check Item 6.7</i>
e. How long did that time last when you were having panic attacks, that is, from the time the first panic attack happened to the time the attacks stopped completely for at least 2 months?		_____ Day(s) OR _____ Week(s) OR _____ Month(s) OR _____ Year(s)
f. Since that time when your panic attacks BEGAN, have there been at least 2 months when you DIDN’T have ANY panic attacks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.7</i>
CHECK ITEM 6.6C	Is 12b marked “Yes”?	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 6.7</i> 2 <input type="checkbox"/> No
15g. Did that time when you DIDN’T have ANY panic attacks for at least 2 months BEGIN to happen in the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 6.7	<i>Refer to Check Item 2.0, Section 2A, page 9.</i> Is respondent a lifetime abstainer of alcohol?	1 <input type="checkbox"/> Yes - <i>SKIP to 18</i> 2 <input type="checkbox"/> No
16. Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen AFTER you were drinking heavily or a lot more than usual?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18</i>
17. Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen DURING a period when you were experiencing the bad aftereffects of drinking?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
18. Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen AFTER using a medicine or drug?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.8, page 85</i>

Section 6 - ANXIETY (Continued)

19.	Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen DURING a period when you were experiencing the bad aftereffects of a medicine or drug?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 6.8	Is at least 1 item marked “Yes” in 16, 17, 18 OR 19?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 21, page 86
CHECK ITEM 6.9	Is Check Item 6.5 marked “No”?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 6.10
20a.	During that time did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 21, page 86
b.	Did you CONTINUE to have panic attacks for at least 1 month AFTER you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 21, page 86
CHECK ITEM 6.10	Is 12b marked “Yes” or 14b marked “Yes” or 15c marked “Yes” or 15b marked “No”?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 6.10A
20c.	Did ANY of the times when you were having panic attacks in the last 12 months BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 6.10A
d.	Did they ALL BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e.	During ANY of those times in the last 12 months when you were having panic attacks after (drinking heavily/ using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 6.10A
f.	During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g.	Did you CONTINUE to have panic attacks for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 6.10A
h.	Did you CONTINUE to have panic attacks for at least 1 month AFTER ALL of those times?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 6.10A	Is 12b marked “Yes”?	1 <input type="checkbox"/> Yes - SKIP to 21, page 86 2 <input type="checkbox"/> No
20i.	Did ANY of the times when you were having panic attacks BEFORE 12 months ago BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/ medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 21, page 86
j.	Did they ALL BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k.	During ANY of those times BEFORE 12 months ago when you were having panic attacks after (drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 21, page 86
l.	During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section 6 - ANXIETY (Continued)		
20m. Did you CONTINUE to have panic attacks for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 21</i>
n. Did you CONTINUE to have panic attacks for at least 1 month AFTER ALL of those times?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
21. Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any other person like that to get help for panic attacks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
22. Did you EVER go to an emergency room to get help for your panic attacks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
23. Were you EVER a patient in any kind of hospital overnight or longer because of your panic attacks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
24. Did a doctor EVER prescribe any medicines or drugs for your panic attacks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 6.11	Is at least 1 item marked “Yes” in 21 - 24?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.11A</i>
	Did respondent ever seek help for their panic attacks?	
25a. How old were you the FIRST time you went anywhere or saw anyone to get help for panic attacks?		_____ Age
b. How old were you the MOST RECENT time you went anywhere or saw anyone to get help for your panic attacks?		_____ Age OR 0 <input type="checkbox"/> Happened only once
CHECK ITEM 6.11A	Refer to Check Item 2.0, Section 2a, page 9.	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 6.11B</i> 2 <input type="checkbox"/> No
	Is the respondent a lifetime abstainer of alcohol?	
26a. Did you EVER drink alcohol to keep from having panic attacks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.11B</i>
b. Did this happen in the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.11B</i>
c. Did this happen before 12 months ago, that is, before last (Month one year ago)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 6.11B	Refer to Check Item 3.10, Section 3B, page 39.	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 6.12</i> 2 <input type="checkbox"/> No
	Is the respondent a lifetime non-drug abuser?	
27a. Did you ever take any medicines or drugs ON YOUR OWN, that is, without a prescription, in greater amounts, or more often or longer than prescribed to keep from having panic attacks?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.12</i>
b. Did this happen during the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.12</i>
c. Did this happen before 12 months ago, that is, before last (Month one year ago)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 6.12	Is Check Item 6.5 marked “No”?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.13, page 87</i>
28a. Did your panic attacks BEGIN to happen DURING a time when you where physically ill or getting over being physically ill?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 29a, page 87</i>
b. Did a doctor or other health professional tell you that these panic attacks were related to your physical illness or medical condition?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 29a, page 87</i>

Section 6 - ANXIETY (Continued)		
CHECK ITEM 6.13	Is 12b marked “Yes” or 14b marked “Yes” or 15c marked “Yes” or 15b marked “No”?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.13A</i>
28c.	Did ANY of the panic attacks you had in the last 12 months BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 6.13A</i>
d.	Did ALL of those panic attacks that you had in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 28f</i>
e.	Did a doctor or other health professional tell you that ALL of the panic attacks you had like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 6.13A</i> 2 <input type="checkbox"/> No
f.	Did a doctor or other health professional tell you that ANY of the panic attacks you had like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 6.13A	Is 12b marked “Yes”?	1 <input type="checkbox"/> Yes - <i>SKIP to 29a</i> 2 <input type="checkbox"/> No
28g.	Did ANY of the panic attacks you had BEFORE 12 months ago BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 29a</i>
h.	Did ALL of those panic attacks you had BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 28j</i>
i.	Did a doctor or other health professional tell you that ALL of the panic attacks you had like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes - <i>SKIP to 29a</i> 2 <input type="checkbox"/> No
j.	Did a doctor or other health professional tell you that ANY of the panic attacks you had like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
29a.	Did you EVER have a panic attack during a time when you were thinking about an extremely stressful experience you had in the past - like being in a war, being attacked, or being in a bad accident or a fire?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 30a</i>
b.	Did your panic attacks ONLY happen when you were thinking about an extremely stressful experience you had in the past?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
30a.	Did you EVER have a panic attack during a time when you were frightened and nervous about being away from home or away from the people who were important to you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 31a</i>
b.	Did your panic attacks ONLY happen when you were nervous and worried about being away from home or away from the people who were important to you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
31a.	Did you EVER have a panic attack during a time when you were afraid of being contaminated by dirt or germs?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 32a</i>
b.	Did your panic attacks ONLY happen when you were afraid of being contaminated by dirt or germs?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
32a.	Did you EVER have a panic attack during a time when you were afraid you might be embarrassed by having to do something over and over to make yourself feel comfortable - like counting, checking, ordering or repeating things over and over?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 33a</i>
b.	Did your panic attacks ONLY happen when you were afraid you might be embarrassed by having to do something over and over to make yourself feel comfortable?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
33a.	Did you EVER have a panic attack during a time when you were afraid that you WOULDN’T be able to do things over and over again to make yourself feel comfortable?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 7, page 88</i>
b.	Did your panic attacks ONLY happen when you were afraid you WOULDN’T be able to do things over and over again to make yourself feel comfortable?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>Go to Section 7, page 88</i>